PAYROLL PROCEDURES MANUAL

SECTION Z - INDEX -- H

(Revised 01/08)

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Betto T. Vee California State Controller

THE ATTACHED WARRANT NO. REPRESENTS PURSUANT TO ONE OF THE FOLLOWING: THE WRIT OF EXECUTION, NOTICE OF TAX LEVY, VOLUNTARY SUPPORT DEDUCTION OR COURT ORDER FOR ASSIGNMENT OF WAGES IDENTIFIED BELOW. IN COMPUTING THE AMOUNT PAYABLE, DEDUCTIONS HAVE BEEN MADE IN ACCORDANCE WITH THE THE EMPLOYEE.

APPLICABLE LAW FROM THE AMOUNT OWING AND UNPAID BY THE STATE TO EMPLOYEE'S SOCIAL SECURITY ACCOUNT NUMBER: PAY PERIOD: **EMPLOYEE"S NAME:** PAYROLL WARRANT NO: **DEPARTMENT NAME:** AGENCY/UNIT CODE: DATE COURT ORDER, WRIT OR LEVY RECEIVED BY EMPLOYING AGENCY: WARRANT PAYABLE TO: ISSUE DATE: CASE NUMBER: AMOUNT: BILLING NO: _____ PAYEE ADDRESS: PLAINTIFF OR PETITIONER: TITLE OF ACTION:

ATTEN: DEPARTMENT PERSONNEL

IMPORTANT: If the employee's payroll warrant (see above for warrant No.) is/was returned to Division of Disbursements for any reason, the attached warrant must also be returned immediately.

To be entered by department before transmitting to the payee

CD 155 (9/93) TRANSMITTAL OF CONTROLLER'S WARRANT

-AGENCY COPY-

GARNISHMENT DOCUMENTATION EXAMPLES INDEX

(FORM STD. 639 (Rev. 04/2005) AND PPSD 638 (Rev. 10/2006)

>	Ordered Assignment of Wages	(Example 1)
	Filed under FC 5200 et seq. received in the office on 09/05/98. Monthly deduction amount of \$500.00 to be taken.	
>	Modification to Court Ordered Assignment of Wages, with Arrears Support Also Due	(Example 2)
	Filed under FC 5200 et seq. received in the office on 11/11/98. In addition to the \$500.00 monthly deduction, employee now has an arrears of \$2,000.00 to be taken at \$250.00 per month.	
>	Court Ordered Assignment of Wages, with Arrears Support Also Due	(Example 3)
	Filed under FC 5200 et seq. received in the office on 09/15/98. Monthly deduction amount of \$400.00 to be taken. Additionally, employee owes arrears of \$1,800 with \$200.00 to be taken per month.	
>	Modification to Court Ordered Assignment of Wages, Increased Monthly Deduction	(Example 4)
	Received in the office on 11/02/98. Monthly deduction of \$400.00 has been increased to \$700.00. The arrears are now showing a zero amount due.	
>	Cancel Arrears Support	(Example 4.1)
>	Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) 10% of Disposable to be Taken Each Month Until Total Amount Has Been Withheld	(Example 5)
	Total owed is \$5,000.00. Disposable earnings for this employee is \$2,419.73 per month.	
>	FTB Child Support Collection Program	(Example 6)
	Received in the office on 09/19/98. Amount owed is \$11,250.00.	
>	Earnings Withholding Order	(Example 7)
	Filed under CCP 706.125 received in the office on 10/19/98. Total amount owed is \$3,645.00.	

>	Modification to Earnings Withholding Order	(Example 8)
	Received in the office on 10/26/98. Modifying the order to show a specific amount per month of \$150.00. 25% of disposable earnings, \$474.39 was taken from the 10/98 Master Pay. Accounting split the garnishment warrant. \$150.00 was sent to the payee and the remaining \$342.39 was refunded to the employee.	
>	STD. 674 Returning Pay for Garnishment to be Withheld	(Example 9)
>	Court ordered Assignment of Wages	(Example 10)
	File under FC 5200 et seq. received in the office on 12/29/2006. Monthly deduction amount of \$500.00 to be taken.	
>	Court ordered Assignment of Wages with Arrears child support also due	(Example 11)
	Filed under FC 5200 et seq. received in the office on 01/23/2007. Monthly deduction amount of \$350.00 to be taken. In addition, the employee now has an arrears of \$99,999.99 to be taken as a percentage amount. The \$99,999.99 was established because the court order did not have a total amount for the arrears.	
>	Earnings Withholding Order for Child or Family Support	(Example 12)
	Filed under CCP Section 706.030 received in the office on 12/13/2006. Total arrears amount of \$10,000 with \$200.00 to be taken monthly.	
>	Modification to Court ordered Assignment of Wages, decrease monthly deduction amount	(Example 13)
	Received in office on 12/29/2006. Monthly deduction amount decreased from \$500.00 to \$300.00 per month.	
>	Cancel Earnings Withholding order for Child or Family Support	(Example 14)

			I A DOCUTION CONTRACT	
AGENCY NAME			4. POSITION NUMBER	
SOCIAL SECURITY NUMBER 3. NAME (F.	I.) (M.I.) (LAST)		(Agency) (Unit)	(Class) (Serial)
	OMPLETE		COMPLE'	TE
EFFECTIVE DATE . 6. ACTION TYP	E			
09/15/01 NEW	MODIFICATION OR CORRECTION OF ITEM —		ORIGINAL EFFECTI	
PAY FREQUENCY X MONTHLY SE	MI-MONTHLY BI-WEEKLY			
GARNISHMENT TYPE (038) X COURT ORDERED ASSIGNMENT OF WAGES (ONGC.	DING			
SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)	DEDUCTION AMOUNT CHANGED FROM	\$		
\$ (Monthly Amount,		Must be completed if	changing 8A)	
\$500.00 (Deduction Amou per Pay Period)	nt			
(200,002)			9. TOT	AL GARNISHMENT AMOUNT
(399/002) EARNINGS WITHHOLDING ORDER FOR SUPPOR' (including FTB Child Support Collection Program, Re	「- ARREARAGES (CCP Section 706.030, 706 venue & Taxation Code 19271)	i.052, and 706.070 et seq.)	\$	
339/003) (1) NUMBER OF DEPENDENTS	(2) STANDARD DEDUCTIONS	ADDIED EILING		
CERTIFICATION (Must be at least one for employee)		ARRIED FILING EPARATELY		
(GC 926.8)		EAD OF OUSEHOLD	5 - SURVIVING SPOUSE \$	
(339/004) EARNINGS WITHHOLDING ORDER FOR STATE TA	AXES (CCP 706.072); FTB REGISTRATION C	OLLECTION PROGRAM (
Taxation Code 10878); FTB STUDENT LOAN COLL UNEMPLOYMENT INSURANCE (UI Code 1755); FTB	ECTIONS (GC 16583.5); BOARD OF EQUALIZ	ATION FOR TAXES (CCP	706.074);	
(339/007) EARNINGS WITHHOLDING ORDER (CCP 706.125,	:			
339/008)		2	\$	
Federally Guaranteed Student Loan (Higher Education)	on Act of 1965: 20 USCA Section 1095a.)		s	
SUM OF ALL AMOUNTS DUE AND OWING THIS ACTION FOR SALARY ADVANCES OR FOR ANY OTHER PL			\$	
COMPLETE ONLY IF COURT SPECIFICALLY STATES	(May only be completed with 8B, 8C	, 8D, 8E, and 8F.)		
TERMINATION DATE OF EARNINGS WITHHOLDING (NOT APPLICABLE TO 8D)	DRDER			
MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PI (If 11B is used for 8C, copy of IRS Form 668D must be				
SUPPORT EXEMPTION AMOUNT	\$			
SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be	e attached.) \$			
WARRANT TO BE MADE PAYABLE TO				
ter Levying Officer File Number for warrants payable		File Number / Case Numb	er	1
Sheriff's Office or Marshal's Departments (8B and above). All others, enter Case Number.	COMPLETE			
CATE NAME SHOWN ON COURT ORDER, WRIT.	COMPLETE	11111		
ICATE NAME SHOWN ON COURT ORDER, WRIT, Y. (Include address if pursuant to FC 150 et seq., 10 et seq. or PC 3088)	COMPLETE			
	COMPLETE			
	COMPLETE			
REMARKS				
FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION		NATION CERTIFIED IN ACCOR	RDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATU		DATE

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE SALARY GARNISHMENT

Reference Payroll Procedures

STD. 639 (REV. 4/2005)	Man	ual Section H 300		DOCUMENT NUMBER	_
	ID ONE COPY TO THE STATE , FAX <i>ONLY ONCE</i> AND <i>DO N</i> O			DOCUMENT NUMBE	:K
1. AGENCY NAME COMPLI	ETE		4. POSITION		(C
2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST) COMPLETE		(Agency)	(Unit) (Class)	(Serial)
5. EFFECTIVE DATE 11/21/01	6. ACTION TYPE MODIFICA NEW CORRECT	TION OR		LLATION OF GARNISHMENT	
7. PAY FREQUENCY MONTHLY	SEMI-MONTHLY	BI-WEEKLY	CRIGIN	AL EFFECTIVE DATE =	
8. GARNISHMENT TYPE (038) A. COURT ORDERED ASSIGNMENT C SUPPORT) (FC 150 et seq., 5200 et \$	OF WAGES (ONGOING	IN AMOUNT \$	ompleted if changing 8A)	9. TOTAL GARNISHME	ENT AMOUNT
B. (399/002)				9. TOTAL GARNISHME	INT AMOUNT
C.(339/003) CERTIFICATION OF SACTS CRININGS WITHHOLDING ORDE (including FTB Child Support Colle C.(339/003) (1) NUM DEPE (Must	ER FOR SUPPORT - ARREARAGES (CCP Section Program, Revenue & Taxation Code 19271 BER OF (2) STANDARD DEDUCTI SINDENTS be at least one ployee) 1 - SINGLE 2 - MARRIED FILING JOINTLY	ONS 3 - MARRIED FIL SEPARATEL	ING 5 - SURVIVING	\$ 2.000.00	
Taxation Code 10878); FTB STUD	ER FOR STATE TAXES (CCP 706.072); FTB RE IENT LOAN COLLECTIONS (GC 16583.5); BOA UI Code 1755); FTB COURT-ORDERED DEBT ER (CCP 706.125):	RD OF EQUALIZATION FOR	TAXES (CCP 706.074);	\$	
Federally Guaranteed Student Loa	an (Higher Education Act of 1965: 20 USCA Sect	ion 1095a.)		\$	
10. SUM OF ALL AMOUNTS DUE AND FOR SALARY ADVANCES OR FO	O OWING THIS AGENCY BY DEBTOR R ANY OTHER PURPOSE.			\$	
11. COMPLETE ONLY IF COURT SPECIFIC	ALLY STATES (May only be comple	eted with 8B, 8C, 8D, 8E, a	d 8F.)		
A TERMINATION DATE OF EARNINGS (NOT APPLICABLE TO 8D)	WITHHOLDING ORDER				
B MAXIMUM GARNISHMENT AMOUNT (If 11B is used for 8C, copy of IRS F					
C SUPPORT EXEMPTION AMOUNT	\$				
D SPECIFIC AMOUNT TO BE DEDUCT	ED PER MONTH :orm 668D must be attached.)	50.00			
12. WARRANT TO BE MADE PAYABLE TO					
Enter Levying Officer File Number for warrants p to Sheriff's Office or Marshal's Departments (8E above). All others, enter Case Number.		Levying Officer File Number	// Case Number		
INDICATE NAME SHOWN ON COURT ORDER LEVY. (Include address if pursuant to FC 150 et		re			
5200 et seq. or PC 3088)	COMPLET	re			
	COMPLET	re			
	COMPLET	re			Ш
13. REMARKS					
14. FORM COMPLETED BY	TELEPHONE NUMBER AN		ROLL INFORMATION CERTIFIE		
COMPLETE	COMPLE	TE 🔊	ZED SIGNATURE COMPLETE	CO	MPLETE

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE SALARY GARNISHMENT

Reference Payroll Procedures

STD. 639 (REV. 4/2005)		Manual Section			
NOTE: SUBMIT ORIGINAL AN				IENT UNIT.	DOCUMENT NUMBER
IF FAXED,	, FAX ONLY ON	CE AND DO NOT SUBMI	T A HARD COPY.		
1. AGENCY NAME COMPLE	TE			4. POSITION	NUMBER
		(IACT)		(Agency)	(Unit) (Class) (Serial)
2. SOCIAL SECURITY NUMBER	3. NAME (F.I.)	IPLETE		COM	PLETE
09/25/01	6. ACTION TYPE X NEW	MODIFICATION OR CORRECTION OF ITEM			LATION OF GARNISHMENT AL EFFECTIVE DATE
7. PAY FREQUENCY MONTHLY	SEMI-MC	NTHLY BI-WEEKLY			
8. GARNISHMENT TYPE (038) A. COURT ORDERED ASSIGNMENT O SUPPORT) (FC 150 et seq., 5200 et seq.) \$400.00		DEDUCTION AMOUNT CHANGED FROM	\$(Must be completed if c	hanging 8A)	
					9. TOTAL GARNISHMENT AMOUNT
(including FTB Child Support Collect C.(339/003) CERTIFICATION OF EACTS (Must	ction Program, Revenue	STANDARD DEDUCTIONS 1 - SINGLE 2 - MARRIED FILING 4 -	MARRIED FILING SEPARATELY	5 - SURVIVING SPOUSE	\$ 1.800.00
	ENT LOAN COLLECTION CODE 1755); FTB CO	(CCP 706.072); FTB REGISTRATION NS (GC 16583.5); BOARD OF EQUAL URT-ORDERED DEBT COLLECTION:	IZATION FOR TAXES (CCP)	706.074);	s
	nn (Higher Education Act	of 1965: 20 USCA Section 1095a.)			\$
10. SUM OF ALL AMOUNTS DUE AND FOR SALARY ADVANCES OR FOR					\$
COMPLETE ONLY IF COURT SPECIFICATION	ALLY STATES	(May only be completed with 8B, 8	C, 8D, 8E, and 8F.)		
TERMINATION DATE OF EARNINGS	WITHHOLDING ORDE	R			
(NOT APPLICABLE TO 8D) MAXIMUM GARNISHMENT AMOUNT (If 11B is used for 8C, copy of IRS F					
SUPPORT EXEMPTION AMOUNT		\$			
SPECIFIC AMOUNT TO BE DEDUCTION (If 11D is used for 8C, copy of IRS F	ED PER MONTH form 668D must be atta	ched.) \$ 200.00			
2. WARRANT TO BE MADE PAYABLE TO					
inter Levying Officer File Number for warrants po be Eabove). All others, enter Case Number.	ayable 😭	Must be completed Levying Offic COMPLETE	er File Number / Case Numbe		
NDICATE NAME SHOWN ON COURT ORDER, EVY. (Include address if pursuant to FC 150 et s	WRIT,	COMPLETE			
200 et seq. or PC 3088)		COMPLETE			
		COMPLETE			
		COMPLETE			
3. REMARKS					
14. FORM COMPLETED BY	TEL	EPHONE NUMBER AND EXTENSION			D IN ACCORDANCE WITH B/C RULE 660
COMPLETE		COMPLETE	authorized signatu COM	PLETE	COMPLETE

IF FAXED, FAX ON	LY ONCE AND DO NOT SUBMI	T A HARD COPY.		
COMPLETE			4. POSITION NUMBER	(Olara) (Ordan
SOCIAL SECURITY NUMBER 3. NAME	COMPLETE		COMPLE	(Class) (Serial)
effective date 6. Action New	MODIFICATION OR	8A	CANCELLATION OF ORIGINAL EFFECTIVE	GARNISHMENT
PAY FREQUENCY X MONTHLY	SEMI-MONTHLY BI-WEEKLY		ORIGINAL EFFECTIV	E DATE
$ \begin{array}{c} \text{GARNISHMENT TYPE (038)} \\ X \\ \hline X \\ \text{COURT ORDERED ASSIGNMENT OF WAGES (OI SUPPORT) (FC 150 et seq., 5200 et seq. or PC 308} \\ \hline \$ 700.00 \\ \end{array} $	DEDUCTION AMOUNT CHANGED FROM	\$ 400.00 (Must be completed if c.	hanging 8A)	
\$ (Deduction Air per Pay Perio				
(399/002) EARNINGS WITHHOLDING ORDER FOR SUPP (including FTB Child Support Collection Program,	ORT - ARREARAGES (CCP Section 706.030, 70	06.052, and 706.070 et seq.)	9. TOT/	AL GARNISHMENT AMOUNT
(1) NUMBER OF DEPENDENTS OF FACTS FEDERAL TAX LEVY (GC 926.8)	(2) STANDARD DEDUCTIONS 1 - SINGLE 3 -	MARRIED FILING SEPARATELY HEAD OF HOUSEHOLD	5 - SURVIVING SPOUSE \$	
(339/004) EARNINGS WITHHOLDING ORDER FOR STAT Taxation Code 10878); FTB STUDENT LOAN COUNEMPLOYMENT INSURANCE (UI Code 1755) (339/007) EARNINGS WITHHOLDING ORDER (CCP 706.)	DLLECTIONS (GC 16583.5); BOARD OF EQUAL FTB COURT-ORDERED DEBT COLLECTION	LIZATION FOR TAXES (CCP 7	706.074);	
(339/008) Federally Guaranteed Student Loan (Higher Edu	cation Act of 1965: 20 USCA Section 1095a.)		\$	
SUM OF ALL AMOUNTS DUE AND OWING THIS FOR SALARY ADVANCES OR FOR ANY OTHER			\$	
COMPLETE ONLY IF COURT SPECIFICALLY STATES	(May only be completed with 8B, 8	BC, 8D, 8E, and 8F.)		
TERMINATION DATE OF EARNINGS WITHHOLDIN (NOT APPLICABLE TO 8D)				
MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLI (If 11B is used for 8C, copy of IRS Form 668D mu				
SUPPORT EXEMPTION AMOUNT	\$			
SPECIFIC AMOUNT TO BE DEDUCTED PER MON (If 11D is used for 8C, copy of IRS Form 668D mu				
WARRANT TO BE MADE PAYABLE TO	Must be completed Levying Offic	er File Number / Case Numbe	r	
ter Levying Officer File Number for warrants payable Sheriff's Office or Marshal's Departments (8B and above). All others, enter Case Number.	COMPLETE			
DICATE NAME SHOWN ON COURT ORDER, WRIT,	COMPLETE			
VY. (Include address if pursuant to FC 150 et seq., 00 et seq. or PC 3088)	COMPLETE			
	COMPLETE			
	COMPLETE			
REMARKS				
. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION		ATION CERTIFIED IN ACCOR	DANCE WITH B/C RULE 660
COMPLETE	COMPLETE	AUTHORIZED SIGNATUR COM		COMPLETE

AGENCY NAME		4. POSITION	NUMBER	
COMPLETI	\mathbf{E}	(Agency)	(Unit) (Class)	(Serial)
SOCIAL SECURITY NUMBER 3. N	COMPLETE		PLETE	(Genal)
11/02/01	TION TYPE MODIFICATION OR CORRECTION OF ITEM		LLATION OF GARNISHMENT 0	9/25/01
PAY FREQUENCY MONTHLY	SEMI-MONTHLY BI-WEEKLY			
GARNISHMENT TYPE (038) COURT ORDERED ASSIGNMENT OF WAG	SES (ONGOING			
SUPPORT) (FC 150 et seq., 5200 et seq. or	PC 3088) DEDUCTION AMOUNT CHANGED FROM \$			
(Post	nly Amount) (Must be comple ction Amount	ted if changing 8A)		
	ny Period)		9. TOTAL GARNISHMENT	AMOUNT
(399/002) EARNINGS WITHHOLDING ORDER FOR (including FTB Child Support Collection Pr	SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 ogram, Revenue & Taxation Code 19271)	et seq.)	s 1,800.00	
339/003) (1) NUMBER OF DEPENDEN			,	
OF FACTS (Must be at le	past one 1 - SINGLE SEPARATELY	5 SURVIVINO		
(GC 926.8)	2 - MARRIED FILING 4 - HEAD OF HOUSEHOLD	5 - SURVIVING SPOUSE	\$	
(339/004) EARNINGS WITHHOLDING ORDER FOR	R STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROD DAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXE	GRAM (Revenue &		
	9 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxati		\$	
339/008)			\$	
	ner Education Act of 1965: 20 USCA Section 1095a.)		\$	
SUM OF ALL AMOUNTS DUE AND OWIN			\$	
COMPLETE ONLY IF COURT SPECIFICALLY S	TATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)			
TERMINATION DATE OF EARNINGS WITHI	HOLDING ORDER			
MAXIMUM GARNISHMENT AMOUNT DEDL (If 11B is used for 8C, copy of IRS Form 66				
SUPPORT EXEMPTION AMOUNT	\$			
SPECIFIC AMOUNT TO BE DEDUCTED PEI			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
WARRANT TO BE MADE PAYABLE TO	Must be completed Levying Officer File Number / Cas	o Number		
ter Levying Officer File Number for warrants payable Sheriff's Office or Marshal's Departments (8B and	F dot tot thete			
above). All others, enter Case Number.	COMILLIE			
DICATE NAME SHOWN ON COURT ORDER, WRIT,	© COMPLETE			
VY. (Include address if pursuant to FC 150 et seq., 00 et seq. or PC 3088)	COMPLETE			
	COMPLETE			
	COMPLETE			
REMARKS				
. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION 15. PAYROLL	INFORMATION CERTIFIE	D IN ACCORDANCE WITH B/C RU	LE 660
COMPLETE	COMPLETE	IGNATURE COMPLETE	COM	PLETE

AGENCY NAME		4. POSITIO	ON NUMBER
COMPLETE		(Agency)	(Unit) (Class) (Serial)
C	OMPLETE	CON	MPLETE
11/02/01 . 6. ACTION TY	MODIFICATION OR CORRECTION OF ITEM -		ELLATION OF GARNISHMENT INAL EFFECTIVE DATE
PAY FREQUENCY MONTHLY s	EMI-MONTHLY BI-WEEKLY		
GARNISHMENT TYPE (038) COURT ORDERED ASSIGNMENT OF WAGES (ONG SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)			
\$ (Monthly Amoun	CHANGED FROM	\$	
© (Deduction Amo	ount .	(Must be completed if changing 8A)	
Ψ per Pay Period)			9. TOTAL GARNISHMENT AMOUNT
399/002) EARNINGS WITHHOLDING ORDER FOR SUPPOR		6.052, and 706.070 et seq.)	\$
339/003) .(1) NUMBER OF	(2) STANDARD DEDUCTIONS		
CERTIFICATION (Must be at least one		MARRIED FILING SEPARATELY	
FEDERAL TAX LEVY for employee) (GC 926.8)		HEAD OF 5 - SURVIVING SPOUSE	\$
339/004) EARNINGS WITHHOLDING ORDER FOR STATE			
Taxation Code 10878); FTB STUDENT LOAN COL UNEMPLOYMENT INSURANCE (UI Code 1755); I	LECTIONS (GC 16583.5); BOARD OF EQUALI	ZATION FOR TAXES (CCP 706.074);	\$
339/007) EARNINGS WITHHOLDING ORDER (CCP 706.12	5):		
339/008) Y Federally Guaranteed Student Loan (Higher Educa	ation Act of 1965: 20 USCA Section 1095a \		5 000 00
SUM OF ALL AMOUNTS DUE AND OWING THIS A	AGENCY BY DEBTOR		s 5,000.00
FOR SALARY ADVANCES OR FOR ANY OTHER F		2.00.051.05\	\$
COMPLETE ONLY IF COURT SPECIFICALLY STATES TERMINATION DATE OF EARNINGS WITHHOLDING	(May only be completed with 8B, 86	5, 8D, 6E, and 6F.)	
(NOT APPLICABLE TO 8D) MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE F	DER MONTH		The state of the s
(If 11B is used for 8C, copy of IRS Form 668D must			
SUPPORT EXEMPTION AMOUNT	\$		
SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must			
WARRANT TO BE MADE PAYABLE TO	Must be completed Levying Office	er File Number / Case Number	
er Levying Officer File Number for warrants payable Sheriff's Office or Marshal's Departments (8B and above). All others, enter Case Number.	COMPLETE		
ICATE NAME SHOWN ON COURT ORDER WRIT	COMPLETE		
ICATE NAME SHOWN ON COURT ORDER, WRIT, Y. (Include address if pursuant to FC 150 et seq., 0 et seq. or PC 3088)	COMPLETE		
	COMPLETE		
	COMPLETE		
REMARKS			
FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION		IED IN ACCORDANCE WITH B/C RULE 660
		1 ALITHODIZED CICALATUDE	
COMPLETE	COMPLETE	AUTHORIZED SIGNATURE COMPLET	E COMPLETE

AGENCY NAME				Т	A DODITION	LNUMBER		
COMPL	ETE				4. POSITION		(0)	/O : 11
SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.)	(LAST)			(Agency)	(Unit)	(Class)	(Serial)
COOKE CECONITY NOMBER		Ë			COM	(PLET)	E	
09/29/01	, 6. ACTION TYPE X NEW	MODIFICATION OR CORRECTION OF ITEM				LLATION OF GA		
PAY FREQUENCY X MONTHLY	SEMI-MONTHLY	BI-WEEKLY			- Officer	712 211 2011 12		
GARNISHMENT TYPE (038) COURT ORDERED ASSIGNMEN	OF WAGES (ONGOING							
SUPPORT) (FC 150 et seq., 5200		DEDUCTION AMOUNT CHANGED FROM	\$					
\$	(Monthly Amount)		(Must be comp	eleted if ch	anging 8A)			
\$	(Deduction Amount per Pay Period)							
99/002)		1				9. TOTAL	GARNISHMENT	AMOUNT
EARNINGS WITHHOLDING OR	DER FOR SUPPORT - ARREARAGE llection Program, Revenue & Taxation		706.052, and 706.0	70 et seq.)		\$ 11,2	50.00	
DF	MBER OF (2) STANDAR	RD DEDUCTIONS	MARRIED FILING					
OF FACTS (Mc	st be at least one 1 - SING	ile	SEPARATELY		SUDVIVINO.			
(GC 926.8)	2 - MAR JOIN		- HEAD OF HOUSEHOLD		- SURVIVING SPOUSE	\$		
339/004) EARNINGS WITHHOLDING OF	DER FOR STATE TAXES (CCP 706.0	072); FTB REGISTRATION	COLLECTION PR	OGRAM (Re	venue &			
UNEMPLOYMENT INSURANCE	JDENT LOAN COLLECTIONS (GC 16 (UI Code 1755); FTB COURT-ORD					\$		
EARNINGS WITHHOLDING OF	RDER (CCP 706.125):							
39/008)						\$		
Federally Guaranteed Student	oan (Higher Education Act of 1965: 20) USCA Section 1095a.)				\$		
SUM OF ALL AMOUNTS DUE A FOR SALARY ADVANCES OR F	ND OWING THIS AGENCY BY DEBT OR ANY OTHER PURPOSE.	OR				\$		
COMPLETE ONLY IF COURT SPECIF	ICALLY STATES (May on	ly be completed with 8B,	8C, 8D, 8E, and 8	F.)				
TERMINATION DATE OF EARNIN	GS WITHHOLDING ORDER							
(NOT APPLICABLE TO 8D) MAXIMUM GARNISHMENT AMOU	NT DEDUCTIBLE PER MONTH	Φ.						
(If 11B is used for 8C, copy of IR.	Form 668D must be attached.)	\$						
SUPPORT EXEMPTION AMOUNT		\$						
SPECIFIC AMOUNT TO BE DEDU (If 11D is used for 8C, copy of IR:		\$						
WARRANT TO BE MADE PAYABLE TO	Must be co	mpleted Levvina Offi	cer File Number / C	ase Number				
r Levying Officer File Number for warrant heriff's Office or Marshal's Departments bove). All others, enter Case Number.	s navable P I I I	PLETE						
	- LCOM	PLETE	111	1 1	1.1		111	1.1
CATE NAME SHOWN ON COURT ORDS (. (Include address if pursuant to FC 150	R, WRIT,	1 2 3 1 2						
et seq. or PC 3088)	COM	PLETE						
	COM	PLETE						
	COM	PLETE						
REMARKS								
REMARKS FORM COMPLETED BY	TELEPHONE N	NUMBER AND EXTENSION	N 15. PAYROL		AND DESCRIPTION OF THE PERSON NAMED IN	ED IN ACCORDA	NCE WITH B/C RU	JLE 660

Reference Payroll Procedures

	Manual Section NE COPY TO THE STATE CONTROL (O <i>NLY ONCE</i> AND <i>DO NOT</i> SUBMI)	LLER'S GARNISHMENT UNIT.	DOCUMENT NUMBER
AGENCY NAME COMPLETI		4. POSITION	
	AME (F.I.) (M.I.) (LAST)	(Agency)	(Unit) (Class) (Serial)
SOURCE SECONT NONDER	COMPLETE	COM	PLETE
10/29/01 X	NEW MODIFICATION OR CORRECTION OF ITEM -		LATION OF GARNISHMENT
PAY FREQUENCY MONTHLY	SEMI-MONTHLY BI-WEEKLY		
¢ (Dedu	PC 3088) DEDUCTION AMOUNT CHANGED FROM ction Amount	\$(Must be completed if changing 8A)	
per Pε	ly Period)		9. TOTAL GARNISHMENT AMOUNT
399/002) EARNINGS WITHHOLDING ORDER FOR	SUPPORT - ARREARAGES (CCP Section 706.030, 70	06.052, and 706.070 et seq.)	
(Including F18 Child Support Collection Pr	ogram, Revenue & Taxauon Code 19271)		\$
OF FACTS FEDERAL TAX LEVY (GC 926.8)	1 - SINGLE 3 - Nast one 2 - MARRIED FILING 4 - I	MARRIED FILING SEPARATELY HEAD OF 5 - SURVIVING HOUSEHOLD SPOUSE	\$
Taxation Code 10878); FTB STUDENT LC	R STATE TAXES (CCP 706.072); FTB REGISTRATION (DAN COLLECTIONS (GC 16583.5); BOARD OF EQUALI 1755); FTB COURT-ORDERED DEBT COLLECTIONS	IZATION FOR TAXES (CCP 706.074);	S
$old X^{(007)}$ EARNINGS WITHHOLDING ORDER (CC	P 706.125):		s 3,645.00
339/008) Federally Guaranteed Student Loan (High	ner Education Act of 1965: 20 USCA Section 1095a.)		
SUM OF ALL AMOUNTS DUE AND OWIN			\$
FOR SALARY ADVANCES OR FOR ANY COMPLETE ONLY IF COURT SPECIFICALLY S		C 8D 8E and 8E)	\$
TERMINATION DATE OF EARNINGS WITHI		o, ob, ob, and or ,	
MAXIMUM GARNISHMENT AMOUNT DEDU (If 11B is used for 8C, copy of IRS Form 66			
SUPPORT EXEMPTION AMOUNT	\$		
SPECIFIC AMOUNT TO BE DEDUCTED PEI (If 11D is used for 8C, copy of IRS Form 66) WARRANT TO BE MADE PAYABLE TO			
er Levying Officer File Number for warrants payable		er File Number / Case Number	
theriff's Office or Marshal's Departments (8B and above). All others, enter Case Number.	COMPLETE		
CATE NAME SHOWN ON COURT ORDER, WRIT, Y. (Include address if pursuant to FC 150 et seg.,	© COMPLETE		
Y. (Include address if pursuant to PC 150 et seq., 0 et seq. or PC 3088)	COMPLETE		
	COMPLETE		
	COMPLETE		
REMARKS			
FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED	IN ACCORDANCE WITH B/C RULE 660
COMPLETE	COMPLETE	AUTHORIZED SIGNATURE	DATE
	COMILETE	COMPLETE	COMPLETE

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT STD. 639 (REV. 4/2005)	Reference Payroll Manual Section					
NOTE: SUBMIT ORIGINAL AND ONE COI IF FAXED, FAX <i>ONL</i> Y	PY TO THE STATE CONTROI ONCE AND DO NOT SUBMI		MENT UNIT.	DOCUMENT	NUMBER	
1. AGENCY NAME COMPLETE			4. POSITION			
2. SOCIAL SECURITY NUMBER 3. NAME (F.	MPLETE		(Agency)	PLETE	(Class)	(Serial)
5. EFFECTIVE DATE , 6. ACTION TYP 10/29/01 NEW	MODIFICATION OR CORRECTION OF ITEM -	8E & 11D		LATION OF GARI		
7. PAY FREQUENCY X MONTHLY SE	MI-MONTHLY BI-WEEKLY					
8. GARNISHMENT TYPE (038) A. COURT ORDERED ASSIGNMENT OF WAGES (ONGO SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ (Monthly Amount, Deduction Amount, Per Pay Period)	DEDUCTION AMOUNT CHANGED FROM	\$(Must be completed if c	hanging 8A)			
B. (399/002) EARNINGS WITHHOLDING ORDER FOR SUPPOR	APPEARAGES (CCR Section 706 030, 70	06.052 and 706.070 at seq.)		9. TOTAL G	ARNISHMENT	AMOUNT
(including FTB Child Support Collection Program, Re		0.052, and 700.070 et seq.)		\$		
C.(339/003) CERTIFICATION OF FACTS FEDERAL TAX LEVY (GC 926.8) (1) NUMBER OF DEPENDENTS (Must be at least one for employee)	2 - MARRIED FILING 4-	MARRIED FILING SEPARATELY HEAD OF HOUSEHOLD	5 - SURVIVING SPOUSE	\$		
D. (339/004) EARNINGS WITHHOLDING ORDER FOR STATE TO Taxation Code 10878); FTB STUDENT LOAN COLL UNEMPLOYMENT INSURANCE (UI Code 1755); FTB.	ECTIONS (GC 16583.5); BOARD OF EQUAL	IZATION FOR TAXES (CCP	706.074);	\$		
EARNINGS WITHHOLDING ORDER (CCP 706.125));			\$ 3,969	.39	
(339/008) Federally Guaranteed Student Loan (Higher Education)	on Act of 1965: 20 USCA Section 1095a.)			\$		
0. SUM OF ALL AMOUNTS DUE AND OWING THIS ACTION OF SALARY ADVANCES OR FOR ANY OTHER PL				\$		
1. COMPLETE ONLY IF COURT SPECIFICALLY STATES	(May only be completed with 8B, 8	C, 8D, 8E, and 8F.)				
TERMINATION DATE OF EARNINGS WITHHOLDING (ORDER					
MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PI						
SUPPORT EXEMPTION AMOUNT	\$					
X SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be	se attached.) \$ 150.00			14.6 14.5		
2. WARRANT TO BE MADE PAYABLE TO	Must be completed Levying Office	er File Number / Case Numbe	er			
nter Levying Officer File Number for warrants payable Sheriff's Office or Marshal's Departments (8B and E above). All others, enter Case Number.	COMPLETE					
IDICATE NAME SHOWN ON COURT ORDER, WRIT,	COMPLETE					
200 et seq. or PC 3088)	COMPLETE					
	COMPLETE					
	COMPLETE					
3. REMARKS						
14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORM	The second secon	IN ACCORDANG	The second secon	E 660
COMPLETE	COMPLETE	AUTHORIZED SIGNATU COV	PLETE		COMI	PLETE

TYPED NAME

PAYROLL ADJUSTMENT NOTICE

TD 674 (REV. 5-98)					-																	DOC	UMEN	NT NC)							
(1) TO: STATE (CON	ITROLL	ER'S		(2)	SO	CIAL SE	CUR	ITY	(3)													(4)		PC	OSITIO	ON N	UMBE	R			
OFFICE:							NUMB	ER							NAME								AGE	NCY	UI	NIT		CLAS	S	SE	ERIAL	
DISBURSEN	1EN	TS AND	SUPP	ORT																		1										
— PPSD/PAYR	OLL	. OPER	ATIONS	3								50/5	5501510	.,																		
PPSD UNI	T DI	ESTINA	TION:		(5) C	ORREC S INDI	CT/ISSU CATED	E PA BELC	YMENT DW:				REQUENC'		II MONTHLY		ВΙ	WEE	KLY	INTE	RMIT	TENT 2										
PAYR	OLL					PAY	MENT F	REQI	JEST			REMA	RKS:																			
GARN	IISH	MENT:	3			_																										
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(6)	P 0 S 1		ISSUE DATE			PAY PERIC		TYPE	SALAF				TIME DRKED	-	APPT.	TYPE	PE	FFIX	DE	EARNINGS	CODE	GROS	ss		NET	PAY		AC	CT. R OR	EC.	SED	VED VI FR
	T O N	MO.	DY.	YR.	T.	MO.	YR.	SALARY	FULL		STD	DYS.	HOUF	RS	FRAC.	GROSS	PMT. TY	PAY SU	ADJ. CC	EARNINGS ID	SHIFT	5.100						WAF		ΓNO.	RELEAS	RETURNED HELD BY
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(7) FORM COMPL	<u>I</u> ETEI	D BY:	1	I	1	Т	ELEPHO	NE N	UMBER AND	EXTENSIO	N	<u> </u>	I		L CREBY CERT			AT TI	HE I	EMPLOYE	E NA	MED ABOV	E IS E	NTITL	ED TO	THIS	S PAY	BASE	D ON '	ГНЕ АР	PROF	RIATE
>						()							GOV	'ERNMENT	COD	DES.		Pay	roll informati	on cor	rect in accord	lance w	ith BC F	Rule 66	0						
		(AGE	NCY NA	ME)											HORIZED SIG	SNAT	URE												DA	TE		
FROM:																																

SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT

(New 10/06 PPSD 638)

NOTE: Submit original to the State Submit original, one copy,		hment Unit.			DOCUMENT NUM	BER			
1. AGENCY NAME COMPLETE				4. POSITION NU		(Class)	(Sorial)		
2. SOCIAL SECURITY NUMBER	3. NAME (F.I) (M.I.) (LA			(Agency)	(Unit)		(Serial)		
5. EFFECTIVE DATE	6. ACTION TYPE	NEW	MODIFICATION	•	CANCELLATION	COMPLETE OF GARNISHMENT	COMPLETE		
01/08/07 7. PAY FREQUENCY	MONTHLY	SEMI-MONT	CORRECTION O		ORIGINAL EFFECT				
	\boxtimes		[
8. CHILD SUPPORT GARNISHMENT AN	, ,								
A. COURT ORDERED ASSIG	SNMENT OF WAGES (OI	NGOING SUPPORT) (F	C 150 et seq., 520	00 et seq. or PC 3	088)				
\$ <u>500.00</u> (MONTHLY AMOUNT)		DEDUCTION AMOUNT CHANGED FROM	\$						
\$ 500.00 (DEDUCTION AMOUNT PE	≣R		(Must be completed	if changing 8A)					
B. (339/002) EARNINGS WITHHOLDIN		,		30, 706.052, and	706.070 et seq.)	9. TOTAL ARREA	ARAGES		
(including <i>FTB</i> Child Sup	port Collection Program,	Revenue & Taxation Co	de 19271)			\$			
10. COMPLETE FOR USE B	BY DEPARTMENT	FOF CHILD SUF	PPORT SER	VICES ONL'	Υ				
EMPLOYEE ADDRESS	COMP	LETE							
	C O M P	L E T E							
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)	x x x x	x x x	хх						
11. COMPLETE ONLY IF COURT SPECII	FICALLY STATES	(May only be see	mmleted with OR						
	OF EARNINGS WITHH	(May only be con	iipieteu witii ob.	<u> </u>					
	MENT AMOUNT DEDUC								
C SUPPORT EXEMPTIO	N AMOUNT	\$_							
D SPECIFIC AMOUNT TO	O BE DEDUCTED PER I	MONTH \$							
12. ENTER CASE NUMBER		Must be completed	Case Number						
	t ⊊	C O M F	LET	E					
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	COMP	L E T E							
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	РО В	O X 9	8 9 0	6 7					
	WEST	S A C	R A M	E N T	O C A	9 5	7 9 8		
13. REMARKS									
14. FORM COMPLETED BY COMPLETE	TELEPHONE AND EXT	ENSION	15. PAYROLL II WITH B/C F		ERTIFIED IN ACCOR	RDANCE			
			AUTHORIZED S	SIGNATURE	DATE CO	MPLETE			
				ETE					
TYPED NAME COMPLETE									

SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT

(New 10/06 PPSD 638)

NOTE: Submit original to the State Submit original, one copy,		nent Unit.			OCUMENT NUM	BER	
1. AGENCY NAME COMPLETE				4. POSITION NUI	MBER (Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER COMPLETE	3. NAME (F.I) (M.I.) (LAST) COMPLETE	1			COMPLETE		
5. EFFECTIVE DATE 02/02/07	6. ACTION TYPE	NEW	MODIFICATION (OR		OF GARNISHMENT	COMI LLIL
7. PAY FREQUENCY	MONTHLY	SEMI-MONT		BI-WEEKLY	ORIGINAL ETTECT	IVE DATE	
8. CHILD SUPPORT GARNISHMENT AN			<u>L</u>				
A. COURT ORDERED ASSIG	NMENT OF WAGES (ONG	OING SUPPORT) (FO	C 150 et seq., 520	00 et seq. or PC 30	088)		
350.00 (monthly amount)	_	DEDUCTION AMOUNT	\$				
\$ 350.00 (DEDUCTION AMOUNT PER PAY PERIOD)	R	((Must be completed i	if changing 8A)			
B. (339/002) EARNINGS WITHHOLDIN (including <i>FTB</i> Child Supp	G ORDER FOR SUPPORT oort Collection Program, Rev			30, 706.052, and	706.070 et seq.)	9. TOTAL ARREA	ARAGES
10. COMPLETE FOR USE B	V DEDARTMENT (OF CHILD SHE	DODT SED	VICES ONLY	<u>, </u>	\$ <u>99,999.99</u>	
	I	OF CHILD SUP	PURI SER	VICES UNL	<u>I</u>		
EMPLOYEE ADDRESS	C O M P L	E T E					
	 C O M P L	E T E	111	111	1 1 1		\perp
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)	x x x x x	xx	x x				
11. COMPLETE ONLY IF COURT SPECIF	FICALLY STATES	(May only be con	npleted with 8B.)			
A TERMINATION DATE	OF EARNINGS WITHHOLD	DING ORDER					
B MAXIMUM GARNISHI	MENT AMOUNT DEDUCTIB	BLE PER MONTH \$					
C SUPPORT EXEMPTIO	N AMOUNT	\$_					
D SPECIFIC AMOUNT TO	O BE DEDUCTED PER MON			99 – complet	ed 11B or D m	ust be comple	<u>eted).</u>
12. ENTER CASE NUMBER	t ⊕	Must be completed	Case Number				1
		C O M F	P L E 1	[E			
PAYEE NAME	COMPL	ETE					
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13. REMARKS	WEST	S A C	R A M	E N T (O C A	9 5	7 9 8
TO. TEMPUTA							
14. FORM COMPLETED BY COMPLETE	TELEPHONE AND EXTENS COMPLETE	SION	15. PAYROLL II WITH B/C F		ERTIFIED IN ACCOF	RDANCE	
			AUTHORIZED S	SIGNATURE	DATE CO	OMPLETE	
				ETE			
			TYPED NAME COMPLET	E			

SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT

(New 10/06 PPSD 638)

NOTE: Submit original to the State Submit original, one copy,					shme	ent U	nit.	urrac	000	,,,,,,,,,		•			DO	CUM	ENT	NUN	MBEF	₹						
1. AGENCY NAME COMPLETE													POSIT	ION N		ER Jnit)			(Cla	ess)			(Seri	ial)		
	3. NAM	IE (F.I)) ET			וחו	CTC		,	DI E	TE	-	,) ET	-
5. EFFECTIVE DATE	6. ACT					<u> </u>	NEW		М	ODIFIC	OITA		OWIF	LET		_					NISHM		-	JIVI	'LE I	
12/23/06 7. PAY FREQUENCY			/ONT	HLY			SEM	I-MOI	OTHLY	ORREC	CTION	OF IT		<u> </u>		ORIGI	NAL E	FFEC	TIVE	DATE						
	\boxtimes																									
8. CHILD SUPPORT GARNISHMENT AN	OUNT	(038)																								
A. COURT ORDERED ASSIG	NMENT	OF V	VAGE	S (OI	NGO	ING S	UPPC	(RT)	FC 15	0 et s	eq., 5	200 €	et seq.	or PC	3088	3)										
\$ (MONTHLY AMOUNT)						DUCTI			Г \$																	
\$ (DEDUCTION AMOUNT PER PAY PERIOD)									(Must	be con	npleted	l if cha	inging 8	BA)												
B. (339/002) EARNINGS WITHHOLDING (including <i>FTB</i> Child Supp												.030,	706.0	52, and	d 706	6.070	et se	q.)	9.	TOT	AL AF	RREA	RAG	ES		
(including FIB Child Supp	JOIT COII	ection	riog	iaiii,	Reve	nue a	таха	lion C	oue i	9271)									\$	10,0	000.	<u>00</u>				
10. COMPLETE FOR USE B	Y DE	PAF	RTM	EN	ТΟ	F CH	IILD	SU	PPC	DRT	SEI	RVI	CES	ONI	LY											
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EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)		x I		х	Х		Х	Х	x	x																
	<u> </u>			•																						
11. COMPLETE ONLY IF COURT SPECIF	ICALLY	/ STA	TES			(May	only	be c	omple	eted w	ith 8E	В.)														
A TERMINATION DATE	OF EA	RNINC	3S W	ITHH	OLDI	NG O	RDER			_																
B MAXIMUM GARNISHI	MENT A	MOU	NT DE	EDUC	CTIBL	E PEF	R MOI	NTH	\$																	
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12. ENTER CASE NUMBER						Must b	e com	pleted	C	ase Nu	mber															_
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13. REMARKS																										
14. FORM COMPLETED BY COMPLETE	TELEP COM			EXT	ENS	ION			15				DRMA LE 660	TION (CERT	IFIE) IN A	CCO	RDAN	NCE						_
	2.00								Αl	JTHOI	RIZEF) SIG	NATU	RE			DAT	E C	OMF	PLE.	ΓE					_
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STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT

(New 10/06 PPSD 638)

NOTE: Submit original to the State Submit original, one copy,					ment	Un		arruc	00	Clion		,,,			DO	CUN	IENT	NU	MBE	R						
1. AGENCY NAME												4.	POSIT	ION N	IUME	BER										
2. SOCIAL SECURITY NUMBER	3. NAM	1E /F /\	(1.1.1	\ // 40	<i>T</i>)							(A	gency)		(Unit)			(C	lass)			(Serial)		
COMPLETE		COM			1)							С	ОМЕ	LET	E	CON	/IPL	ETE	E C	ON	1PL	.ET	E	CON	/IPI	ETE
5. EFFECTIVE DATE 12/29/06	6. ACT	ION TY	YPE			N	EW		_	ORRE			ем 8 /	<u> </u>	01	C/	ANCEI AL EF				RNISI	HMEN	Т			
7. PAY FREQUENCY	\boxtimes	M	IONT	HLY] ;	SEMI	1OM-	NTHL	Y			BI-W	EEKL	Y											
8. CHILD SUPPORT GARNISHMENT AM	MOUNT	(038)																								
A. COURT ORDERED ASSIG	SNMENT	OF W	/AGE	S (ON	GOING	SU	JPPO	RT) (FC 1	50 et s	eq.,	5200	et seq.	or PC	3088	8)										
\$ 300.00 (MONTHLY AMOUNT) \$ (DEDUCTION AMOUNT PER	₹						ON AI				0.0	_	anging 8	BA)												
PAY PERIOD) B. (339/002) EARNINGS WITHHOLDIN	IG ORDE	ER FOI	R SU	PPOR	T – AF	RRE	ARAC	SES (d 700	6.070	et se	a.)	Ç	9. TO	TAL	ARR	EAR	AGES	;	
(including <i>FTB</i> Child Supp														,				117								
10. COMPLETE FOR USE B	V DE	DAD	TN/1	ENT	OF A	~⊔	II D	CI	IDD	ODT	· CE	DVI	CE S	ONI	· v				\$	<u> </u>		_		—		
10. COMPLETE FOR USE B	I	PAR	I IVII		UF !	СП	ILD	30	PP	<u>UK I</u>	SE	KVI	CES	ON	LT											
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EMPLOYEE DATE OF BIRTH (AMB (DD) AAAAA		<u>- </u>	"	<u></u>		_		_	l I	<u> </u>	<u> </u>				<u> </u>	<u> </u>										
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)	X	X		X	Х		X	Х	X	X																
11. COMPLETE ONLY IF COURT SPECIF	FICALLY	′ STAT	ΓES		(1	/lay	only	be c	ompl	eted v	vith 8	B.)														
A TERMINATION DATE				THHOI																						
B MAXIMUM GARNISHI	MENT A	MOUN	NT DE	DUCT	IBLE F	PER	MON	NTH	\$																	
C SUPPORT EXEMPTIO	N AMOL	JNT						\$	S																	
D SPECIFIC AMOUNT TO	O BE DE	EDUCT	ΓED P	PER MO	НТИС																					
12. ENTER CASE NUMBER					Mus	st be	com	oleted	ı c	Case N	umber															
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	w	E	s	Т	9	s	Α	С	R	Α	м	E	N	т	0		C	: /			9	5	7	9	8	.
13. REMARKS		_	_	•		_		_				_		•	_		_		<u> </u>		_	_	_	<u> </u>	_	
14. FORM COMPLETED BY COMPLETE	TELEPI			EXTE	NSION	1			15				ORMA LE 660	TION (CER ⁻	TIFIE	D IN	ACCO	ORD/	ANCE						
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STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT

(New 10/06 PPSD 638)

(New 10/06 PPSD 638)	Deference D	avrall Dragaduras		
		ayroll Procedures Section H 300		
NOTE: Submit original to the Stat Submit original, one copy,			OCUMENT NUMBE	ER
1. AGENCY NAME		4. POSITION NUI	MBER	
COMPLETE		(Agency)		Class) (Serial)
2. SOCIAL SECURITY NUMBER COMPLETE	3. NAME (F.I) (M.I.) (LAST) COMPLETE	COMPLETE	COMPLETE	COMPLETE COMPLETE
5. EFFECTIVE DATE 02/13/07	6. ACTION TYPE New	MODIFICATION OR CORRECTION OF ITEM	CANCELLATION OF ORIGINAL EFFECT	
7. PAY FREQUENCY	MONTHLY SEMI-MONT	THLY BI-WEEKLY		
8. CHILD SUPPORT GARNISHMENT AN		<u>—</u>		
A. COURT ORDERED ASSIG	GNMENT OF WAGES (ONGOING SUPPORT) (FO	C 150 et seq., 5200 et seq. or PC 30	088)	
\$ (MONTHLY AMOUNT)	DEDUCTION AMOUNT CHANGED FROM	- \$		
\$ (DEDUCTION AMOUNT PER PAY PERIOD)		Must be completed if changing 8A)		
	NG ORDER FOR SUPPORT – ARREARAGES (Copport Collection Program, Revenue & Taxation Coc		706.070 et seq.)	9. TOTAL ARREARAGES
		,		10,000.00
10. COMPLETE FOR USE E	BY DEPARTMENT OF CHILD SUP	PPORT SERVICES ONLY	Υ	
EMPLOYEE ADDRESS	C O M P L E T E			
	C O M P L E T E		1 1 1 1	
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)		x x		
11. COMPLETE ONLY IF COURT SPECI		npleted with 8B.)		
	E OF EARNINGS WITHHOLDING ORDER			
	IMENT AMOUNT DEDUCTIBLE PER MONTH \$			
C SUPPORT EXEMPTIO	<u>, </u>			
D SPECIFIC AMOUNT T	TO BE DEDUCTED PER MONTH \$ 2	200.00 Case Number		
12. ENTER CASE NUMBER	C O M F		1111	1 1 1 1 1 1
PAYEE NAME	1			
	C O M P L E T E			
is r	C / O S D U			
	P O B O X 9	8 9 0 6 7		
	WEST SAC	RAMENT	O C A	9 5 7 9 8
13. REMARKS				
14. FORM COMPLETED BY	TELEPHONE AND EXTENSION	15. PAYROLL INFORMATION CE WITH B/C RULE 660	RTIFIED IN ACCORDA	ANCE
COMPLETE	COMPLETE	AUTHORIZED SIGNATURE	DATE COM	IDI ETE
		COMPLETE	DATE CON	n EETE
		TYPED NAME		
		COMPLETE		

TO:

DATE:

FROM: PAYROLL OFFICER
Payroll Office III

RE: UNDELIVERABLE U.S. SAVINGS BOND(S)

U.S. Savings Bond(s) were returned to our office by the U.S. Post Office as undeliverable. Specific information on the savings bond(s) follow:

Employee's name: Social Security Number: Date of Bond(s): Address on Bond(s):

() Active Bond Account:

Please complete the enclosed Form STD 242. If you have more than one bond account, a separate Form STD 242 must be completed for each account.

() Canceled Bond Account:

I authorize the State Controller's Office to send my savings bond(s) to the following address:

Social Security Number:_	
Name:	
Address:	
Signature:	

() FINAL NOTIFICATION

This is the final attempt to secure a valid address to deliver this bond. The bond account will be canceled if a response not received by

Return this notice or Form STD 242 to State Controller's office, PPSD Bond Unit, P.O. Box 942850, Sacramento, Ca 94250-5878. If a reply to this notice is not received, the bond(s) will be transferred to the State Controller's Office, Division of Unclaimed Property. If you have any questions, please contact my staff at (916) 324-7295 or (Calnet) 454-7295.

DD:cn PR358 (10/97)

DATE:

TO: Federal Reserve Bank of Minneapolis Savings Bond Division P.O. Box 67 Minneapolis, MN 55480-0067

FROM: PAYROLL OFFICER Payroll Office III

RE: RETURN OF U.S. SAVINGS BOND(S)

The attached U.S. Savings Bond(s) is/are being returned for the following reasons:

[] The employee is not entitled to the bond(s) as no payroll deduction was withheld. Please forward remittance and a copy of the PD1522 (attached) to:

State Controller's Office Departmental Accounting P.O. Box 942850 Sacramento, CA 94250-5878

[] Incorrect inscription is printed on the bond. Inscription should read:

Please forward replacement bond to:

- [] Bond was damaged in transit. Inscription is:
- [] Other:

Your help in this matter is greatly appreciated. If you have any questions or need additional information, please contact _____ of my staff at (916) 324-7295.

cc: Ana Struve, Departmental Accounting

Attachment

PR468 (Rev. 12/93)

STATE OF CALIFORNIA - PAYROLL SYSTEM DETAIL TRANSACTION REPORT FOR KEY/MASTER VARIABLE MAINTENANCE BATCH LOAD PROCESS

08/85

AGENCY: DEPARTMENT XYZ

			POSITION	NUMBER		DEI	DUCTION I	PAY
EMPLOYEE	EMPLOYEE		REPORTING	CLASS	SERIAL		PERIOD	
SSN	NAME	AGNCY	UNIT	CODE	NUMBER	TYPE	MONTH	YEAR
123-45-6789	I M EXAMPLE	999	001	1111	001	0	80	85
234-56-7890	I M EXAMPLE	999	001	1111	002	0	80	85
345-67-8901	I M EXAMPLE	999	001	2222	002	0	80	85

PARKING ADJUSTMENT NOTICE

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

EMPLOYEE IDENTIFICATION										
Social Security Number	Initials	Last Name								

	REFUND INI	FORMATION	
Deduction	Organization	Deduction Amount	Pay Period
Code	Code		Month Year
360			/
360			1
360			1
360			/
			,
360			

FORM COMPLETION INFORMATION								
Completed By	Phone Number	Company/Department Name						
•								
	()							
DATE	SIGNATURE OF AUTHORIZED COMPA	NY OR DEPARTMENT OFFICIAL						

ATTACHMENT (Revised 03/02) ATTACHMENT H-7 FORM PPSD 360 COMPLETION INSTRUCTIONS

The Form PPSD 360 must be completed (typed or hand written in legible form) as outlined below if parking fees were deducted after the effective date of a cancellation or change.

PARKING ADJUSTMENT NOTICE

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

EMPLO	EMPLOYEE IDENTIFICATION										
Social Security Number	Initials	Last Name									
A	В	С									

REFUND INFORMATION						
Deduction Code	Organization Code	Deduction Amount	Pay Period Month Year			
360	D	E	F	/ G		
360				I		
360				I		
360				/		
360				I		

l	FORM COMPLETION INFORMATION				
Completed By		Phone Number	Company/Department Name		
	Н	() I	J		
	K L				
	DATE SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL				

Mail to: State Controller's Office

Personnel/Payroll Services Division Attn: Miscellaneous Deductions Unit

P. O. Box 942850

Sacramento, CA 94250-5878

(Rev.01/02)

A. Social Security Number

Enter the employee's Social Security Number.

B. Initials

Enter the employee's first and middle initials.

C. Last Name

Enter the employee's full last name.

D. Organization Code

Enter your assigned three (3) digit Organization Code number.

E. Deduction Amount

Enter the total monthly amount that is to be refunded to the employee.

F. Pay Period - Month

Enter the numerical month of the pay period to be refunded (e.g. '06' for June)

G. Pay Period - Year

Enter the last two digits of the year (e.g. "00" for 2000).

H. Completed By

Enter the name of the person completing the form.

I. Phone Number

Enter the area code and telephone number.

J. Company/Department Name

Enter the deduction client name as recorded with SCO.

K. Date

Enter the date the form was completed.

L. Signature of Authorized Company or Department Official

Must be the original signature of the person authorized to sign Form CD88.

SAMPLE LTD ELIGIBILITY NOTICE

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State	\sim t		lit^	rnia
SIZIE	()1			111111111111111111111111111111111111111

MEMORANDUM

То:	(Your Employee)	Date: (Issue	Date)
From:	(Your Department Personnel Office)		
Subject:	Long Term Disability Insurance 60-Day Enrollment Eligibility Notice		
	Eligibility Begins:	Eligibility Expires:	_
	According to our records, you have r nonrepresented employee who is eli Insurance. Your 60-day enrollment e	gible to enroll in Long Term Disability	(LTD)
	IMPORTANT - LONG TERM DISAB	ILITY INFORMATION	
	first six months of disability. Premiun deduction. ONLY NONREPRESENT TIME BASE OF ONE HALF TIME O	ovides a percentage of income after the sare paid by the employee through FED, PERMANENT EMPLOYEES WITH REMAY ENROLL IN THE It eligible on the effective date for enro	payroll ITH A
	Please review the attached "Group L Enrollment and Information Package		
	If you wish to enroll, you may obtain (GR-11513-5) from enrollment form must be completed the expiration date stated above.	a LTD enrollment authorization form at and returned to	. The by
	Attachment		